

**M08 000005077**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

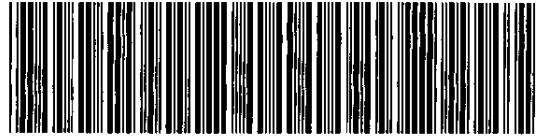
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900144366629

03/03/09--01008--018 \*\*25.00

FILED  
2009 MAR -3 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**T. CLINE**

MAR - 4 2009

**EXAMINER**



**US CorpWorks Inc.**

23 Butler Avenue

Maynard, MA 01754

[www.uscorpworks.com](http://www.uscorpworks.com)

Phone: 888.967.5799 Fax: 978.897.5905

February 25, 2009

**Via US Mail**

Division of Corporations

Florida Department of State

PO Box 6327

Tallahassee, FL 32314

Re: N.E.W. Wireless & Insurance Services, LLC

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

**Change of Registered Agent**

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

Sabrina Tillapaugh

FILED  
2009 MAR -3 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** N.E.W. Wireless & Insurance Services, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabrina Tillapaugh  
(Name of Person)

US CorpWorks Inc.  
(Firm/Company)

23 Butler Avenue  
(Address)

Maynard, MA 01754  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sabrina Tillapaugh at ( 888 ) 967.5799  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2009 MAR -3 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: N.E.W. Wireless & Insurance Services, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

648 Grassmere Park, Suite 300, Nashville, TN 37211

11/17/2008

M08000005077

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, FL 32301-2525

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

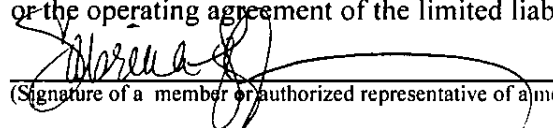
Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Sabrina Tillapaugh, Manager

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

NRAI Services, Inc.

(Signature of Registered Agent)

Sabrina Tillapaugh, Asst. Sec.

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**

FILED  
2009 MAR -3 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA